DOCUMENT RESUME

ED 378 481 CG 025 880

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TITLE Assessment of Addiction Treatment Counselors at Publicly Supported Treatment Facilities in the State of Nevada.
PUB DATE [94]
NOTE 15p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Academic Achievement; Clinics; Counselor Certification; *Counselor Qualifications; *Counselors; Counselor Selection; *Counselor Training; *Credentials; Drug Addiction; Drug Rehabilitation; Knowledge Level; Standards
IDENTIFIERS Nevada

ABSTRACT

In January of 1994 the Addictions Training Center at the University of Nevada, Reno surveyed the treatment staff and directors at 46 publicly supported addictions training centers located in the state of Nevada. Four hundred twenty-nine surveys were mailed, and 189 were returned. In addition to demographic information, respondents were surveyed on education and training, licensure, treatment setting, knowledge, ability, and interest in training in 47 areas. It was discovered that over 40% of respondents who identified themselves as counselors and therapists did not possess the baccalaureate degree. Thirty-one percent had obtained the master's degree or higher. Recommendations are made for the Addictions Training Center to offer programs in counseling skills for individuals, groups and families, and in treatment planning issues. (Author)

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ED 378 481

Assessment of Addiction Treatment Counselors at Publicly Supported Treatment Facilities in the State of Nevada

by,

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ABSTRACT

In January of 1994 the Addictions Training Center at the University of Nevada, Reno surveyed the treatment staff and directors at fourty-six publicy supported addictions training centers located in the state of Nevada. Four hundred and twenty-nine surveys were mailed, and one hundred and eighty-nine were returned. In addition to demographic information, respondents were surveyed on education and training, licensure, treatment setting, and knowledge, ability, and interest in training in 57 areas. It discovered that over 40% of respondents who identified themselves as counselors and therapists did not possess the baccalaureate degree. Thirty-one percent had obtained the masters degree or higher. Recommendations are made for the Additctions Training Center to offer programs in counseling skills for individuals, groups and families, and in treatment planning issues.

The Addictions Training Center (ATC) at the University of Nevada, Reno is one of eleven ATC's funded through the Department of Health and Human Services. It's purpose is to increase the number of qualified addiction counselors at publicly supported addiction treatment facilities in the State of Nevada through increased academic offerings and workshops.

To assess the training and educational needs of substance abuse counselors, a survey or practioneers and administrators of publicy supported treatment facilities was conducted in January of 1994. The needs assessment survey was developed by the staff and advisory board of the Addiction Training Center. Publicly supported addiction treatment programs were identified through existing directories and with input from the Advisory Board. The number of surveys mailed to each program was determined by telephone survey. Four hundred and twenty-nine surveys were mailed to 46 programs. Letters were sent to program directors two weeks prior to the requested return date. One hundred and eighty-nine useable surveys(44.06%) were returned. Twenty-nine of forty-six programs responded.

Demographics

Of the respondents, 75 (39.7%) were men, 109 (57.70%) were women, and 5 (2.6%) did not indicate their gender. Respondents reported their ethnicity as: African American (21; 11.10%), Asian (1; 0.5%); Hispanic (1; 0.5%), Native American (8; 4.2%), and White (133; 70.4%). Twenty-five (13.20%) did not indicate ethnicity.

Education, Licensure, and Job Title

Three respondents (1.6%) did not indicate their highest level of educational obtainment, one (.5%) did not have a high school diploma, 76 (40.20%) had no higher than a high degree diploma, 49 (25.9%) had earned the bachelor's degree, 53 (28%) reported the master's as their highest degree, and seven (3.7%) had earned a doctorate degree.

Eighty-nine respondents (47.1%) reported that they were Bureau of Alcohol and Drug Addiction (BADA) certified, 33 (17.5%) had served a BADA internship, and 52 (27.5%) indicated that they were serving a BADA internship. Forty individuals (21.2%) reported that they held another professional license/certification, or licensure in another state. These license/certifications included, but were not limited to, National Association of Drug and Alcohol Counselor (NADAC), Nationally Certified Addictions Counselor (NCAC), Registered Nurse (RN), Marriage Family Therapist (MFT), and psychology.

Regarding the job titles reported by respondents, most identified themselves as counselor/therapist (90; 47.9%), directors or supervisors (37; 19.7%); counselor/therapist intern (19; 10.1%); nursing staff (13; 6.9%); psychiatric/counselor technicians (10; 5.3%). Missing, other, adjunct and support staff made up the remaining categories. Of those respondents who identified themselves as counselor/therapist, the highest degree earned was missing (1), no high school (1), high school diploma (29), bachelor's degree (23), master's degree (32), and doctorate (4). Of the counselor/therapist interns, four

had the bachelor's degree, and 15 had earned a high school diploma. Among directors/supervisors, 11 high school diplomas, 7 bachelor's, 17 master's, and two doctorates were reported as the highest degree obtained.

Caseload and Treatment Modality

Respondents reported an average caseload of 20.36 patients, with a range of 0-55 patients. Respondents were asked to estimate the percentage of time spent on a number of modalities. The results of their estimates are: 8.09% in social model detoxification/civil protective custody; 8.70% in methadone treatment; 9.66% in short-term residential; 11.15% in hospital based treatment services and detoxification; 18.27% in long-term residential; and, 41.12% in outpatient, intensive outpatient, and/or day treatment.

Directors

Directors indicated that they anticipate 66 new positions available in the next five years. Fifty-three of these will require BADA certification, 35 will be available for BADA internships, 31 will require a bachelor's degree, 11 the master's degree, and 5 a doctorate. Directors were also asked their interest regarding a number of areas. These areas were national certification, coalition building, liability issues, disease models, managed care, health care reform, marketing, and diversion programs. Directors responded more frequently in the positive (interested) than negative (not interested) direction for each of these.

Results of the Survey

Respondents were asked to identify on five point Likert type scales their involvement, knowledge, and interest in training for 47 different areas. These areas were grouped into seven different categories. These categories were: counseling skills, sensitivity to special populations/cultures, treatment modalities/approaches, professional concerns, treatment issues, treatment planning, and "other." Responses which were "high" and "moderate high" were combined, and divided against remaining scores, to calculate a percentage. These percentages were used for qualitative observation of the results (see Table I). The results of the survey are discussed below.

Involvement. The areas where respondents reported the most involvement were: counseling with individuals (80.13%); sensitivity to Asian-Americans (79%), women (63.30%), and clients from criminal justice populations (64.50%); twelve-step (69%) and drug free (60.70%) modalities/approaches; the professional concerns of confidentiality (90.90%), ethics (76.30%), and program evaluation 65.20%); treatment issues with resistant or court mandated clients; and treatment planning issues of case management (72.4%), client assessment (78%), client evaluation (73.40%), and relapse prevention (66.30%).

Knowledge. All respondents reported the highest level of knowledge in: counseling groups (61.50%) and individuals (78.20%); sensitivity to women (62.50%); 12 step treatment approaches/modalities (76.10%); professional concerns of confidentiality (83.20%) and ethics ((68.30%); treatment planning

concerns of case management (66.10%), client assessment (71%), client evaluation (66.10%), and relapse prevention (65%). Low scores of knowledge were associated with low involvement scores, with the exception of sensitivity to Asian-American populations.

Interest in future training. Highest interest in training scores were found for counseling skills with families (82.60%), groups (84.50%), and individuals (81.70%); sensitivity to Native Americans (70.90%), women (73.10%), and clients from criminal justice populations (74.40%); drug-free approaches (77.40%); professional concerns of confidentiality (77%), legal issues (78.10%), ethics (83.50%), and personal safety with clients (73.50%); treatment issues of codependency (78.50%), dual-diagnosis (75.40%), clients with infectious diseases (79.40%), homeless clients (69.60%), suicidal/homicidal clients (76.80%), and non-drug addictions (78.80%); treatment planning issues of aftercare (74.40%), case management (75.10%), client assessment (83.10%), client evaluation (83.10%), diagnosis (80.20%), monitoring recovery (79.40%), and, relapse prevention (87.50%); and, fetal alcohol and drug effects (73.10%), knowledge of community/legal resources (81.50%), and prevention (77%).

Responses prioritized by respondents. Respondents were asked to list the three areas that they considered most important for future training (see Table II). The areas most frequently listed were counseling skills (21), treatment planning (18), treatment issues (13), relapse prevention (13), dual diagnosis (11), and sensitivity to special populations (10).

Other areas of interest to respondents. Respondents were asked to list other areas that they felt were important for future training (see Table III). Fifty-five different areas were indicated as areas of interest to respondents, and were not covered in the survey. Four respondents indicated an interest in anger management, three in board development, two in administration, two in compulsive overeating, two in grief and loss issues, and two in program financial management. All other responses were listed once.

Conclusion

Greater than half the participants reported moderately high and high responses for all of the training areas. Due to the number of counselor/therapist without advanced degrees, and the increase of responses for interest vis-à-vis involvement and training, training in counseling skills for individuals, group, and families should be offered by the ATC. It is unclear on what basis respondents assessed their knowledge of skills. In otherwords, is it based on formal training, subjective experience, or perceived efficacy?

The next training concern for the ATC should be treatment planning issues. Based on respondents scores and list of important areas, it seems that practitioners are eager for assistance in this area. The next area to be addressed in training should be treatment issues.

Qualitative data of the nature used for this report is not exact. However, it is considered an adequate measure of the population served. These results can be used with some confidence in determining the training activities of the ATC.

TABLE I

FREQUENCY OF MODERATE HIGH AND HIGH RESPONSES ADDICTION TRAINING CENTER NEEDS ASSESSMENT

COUNSELING SKILLS

	INVOLVEMENT	KNOWLEDGE	INTEREST
For Families	32.80%	37.50%	82.60%
For Groups	62.80%	61.50%	84.50%
For Individuals	80.10%	78.20%	91.70%

SENSITIVITY TO SPECIAL POPULATIONS/CULTURES

	INVOLVEMENT	KNOWLEDGE	INTEREST
African-Americans	32.40%	36.30%	62.60%
Asian-Americans	79.00%	10.10%	52.60%
Hispanics	24.60%	29.10%	62.10%
Native Americans	23.90%	23.80%	70.90%
Gays/Lesbians	22.90%	32.60%	63.30%
Individuals with disabilities	21.50%	24.60%	59 30%
Adolescents	33.70%	44.20%	62.90%
Individuals from rural areas	27.10%	32.60%	56.60%
Women	63.30%	62.50%	73.10%
Elderly	15.20%	23.50%	53.10%
Clients from criminal justice populations	66.50%	56.50%	74.40%

TREATMENT MODALITIES/APPROACHES

	INVOLVEMENT	KNOWLEDGE	INTEREST
12 Step Programs	69.00%	76.10%	68.70%
Withdrawal management, with medication	17.90%	25.10%	50.60%
Withdrawal management, w/o medication	27.40%	36.00%	63.40%
Drug-free approaches	60.70%	56.20%	77.40%
Methadone management	9.90%	13.30%	36.30%
Pharmacological treatment prog.	11.50%	13.50%	46.80%
Therapeutic communities	30.90%	35.40%	66.10%
Traditional Native American approaches	4.50%	8.40%	67.40%
Non-12 Step approaches	21.50%	24.60%	57.00%

TABLE I (continued)

PROFESSIONAL CONCERNS

	INVOLVEMENT	KNOWLEDGE	INTEREST
Confidentiality	90.90%	83.20%	77.00%
Legal Issues	58.60%	43.20%	78.10%
Ethics	76.30%	68.30%	83.50%
Program evaluation	65.20%	36.80%	69.80%
Personal safety with client populations	57.10%	51.90%	73.50%

TREATMENT ISSUES

	INVOLVEMENT	KNOWLEDGE	INTEREST
Codependency	48.60%	38.78%	78.50%
Dual diagnosis	45.10%	38.90%	75.40%
HIV positive/AIDS, tuberculosis, and other contagious diseases	32.10%	46.70%	79.40%
Protracted withdrawal	14..70%	19.00%	60.50%
Resistant or court mandated cls.	63.60%	49.40%	78.60%
Homeless clients and homelessness	36.80%	38.00%	69.60%
Risk management: suicidal or homicidal clients	27.80%	32.80%	76.80%
Non-drug addictions (e.g., gambling)	25.10%	32.20%	78.80%

TREATMENT PLANNING

	INVOLVEMENT	KNOWLEDGE	INTEREST
Aftercare	41.60%	53.00%	74.40%
Case Management	72.40%	66.10%	75.10%
Client Assessment	78.00%	71.00%	83.10%
Client Evaluation	73.40%	66.10%	83.10%
Diagnosis	53.60%	52.80%	80.20%
Monitoring Recovery	57.20%	56.70%	79.40%
Relapse Prevention	66.30%	65.00%	87.50%

OTHER

	INVOLVEMENT	KNOWLEDGE	INTEREST
Fetal Alcohol and Drug Effects	16.00%	30.90%	73.10%
Knowledge of comm./legal resources	44.30%	46.20%	81.50%
Employee Assistance Program	21.50%	28.50%	65.20%
Prevention	34.20%	46.20%	80.40%

Table II

Summary of Responses
Other Areas Which Participants Felt Were
Important for Future Training

As Prioritize by Participants

Area	One	Two	Three	Total
administration	2	0	0	2
anger management	2	2	0	4
alternative therapies	1	0	0	1
assistance with p.a. test	0	1	0	1
available resources	1	0	0	1
basic human relations	1	0	0	1
behavioral modification and R.E.T.	0	0	1	1
board development	0	0	3	3
burnout among counselors	1	0	0	1
business management	0	1	0	1
chronic pain and recovery	0	0	1	1
community resources	2	0	0	
comprehending endless conflicting government regulations	1	0	0	1
compulsive overeating	2	0	0	2
countertransference	1	0	0	1
cultural issues	1	0	0	1
dealing with managed care	0	1	0	1
death and dying	0	1	0	1
disease concept knowledge	1	0	0	1
dual diagnosis	1	0	0	1
finances	0	1	0	1
gambling	0	1	0	1
gay/lesbian issues	1	0	0	1
gene-chromosome addiction research	1	0	0	1
grant writing and programming	0	0	1	1
grief and loss	1	1	0	2
group therapy techniques	1	0	0	1
hair and UA testing procedures	1	0	0	1
home bound methadone client with HIV	1	0	0	1
issues of control between client and staff	1	0	0	1
justice system	0	0	1	1
malnutrition	0	0	1	1
management	0	1	0	1

Table II (continued)

Summary of Responses
Other Areas Which Participants Felt Were
Important for Future Training

Prioritize by Participants
(Continued)

Area	One	Two	Three	Total
mental health	0	0	1	1
moderate alcohol use by clients	1	0	0	1
non-twelve step approaches	0	1	1	2
nutrition, exercise, heat in relation to recovery	1	0	0	1
pharmacology	0	1	0	1
prenatal care	1	0	0	1
prescription drug addiction	0	1	0	1
program financial management	2	0	0	2
QSOA's	0	1	0	1
relapse prevention	1	0	0	1
selling of drugs	1	0	0	1
setting clear boundaries with clients	0	1	0	1
sexual and physical issues	1	0	0	1
skills to work with abuse victims	1	0	0	1
spending addictions	0	1	0	1
staffing across treatment teams	1	0	0	1
steroid addiction	1	0	0	1
supervision skills	0	1	0	1
team building for staff	1	0	0	1
therapeutic techniques	1	0	0	1
training in systems	0	0	1	1
women's issues	2	1	0	3

TABLE III

Summary of Responses
Three Areas that Participants Considered Most Important for Future Training

As Prioritize by Participants

Area	One	Two	Three	Total
addiction process	1	0	0	1
administrative ability	1	0	0	1
African Americans	0	2	0	3
aftercare	0	0	1	1
assessment	3	1	1	5
case management	2	3	3	8
chronic pain and recovery	0	1	0	1
client assessment	2	3	2	7
codependency issues	0	1	3	4
community resources	0	2	0	2
confidentiality	5	0	0	5
counseling clients with disabilities	1	0	0	1
counseling skills	13	4	6	21
depression	0	0	1	1
diagnosis	0	2	0	2
drug and alcohol awareness	0	1	0	1
drug free approaches	1	1	0	2
DSM III-R	0	1	0	1
DUI	0	1	0	1
dual diagnosis	4	4	3	11
employee assistance programs	0	0	1	1
ethics	5	2	1	8
family counseling/therapy skills	0	3	3	5
family dynamics	3	1	0	4
family systems therapy	1	0	0	1
FAS-FDE	1	0	2	3
funding issues	0	0	1	1
gambling	1	0	0	1
goal setting	0	1	0	1
group counseling/therapy techniques	4	0	0	4
HIV/AIDS	1	1	1	3
intervention	2	0	0	2

TABLE III (continued)

Summary of Responses
Three Areas that Participants Considered Most Important for Future Training

As Prioritize by Participants

Area	One	Two	Three	Total
legal issues	0	1	0	1
liability issues	0	0	1	1
managed health care reform	1	0	0	1
Native American populations	1	3	0	4
non-medical interventions	1	0	0	1
non-twelve step interventions	0	0	1	1
pharmacology	0	0	1	1
prevention	2	0	0	2
professional concerns	1	4	3	8
program evaluation	1	0	1	2
psychological evaluation	1	0	0	1
recovery	0	1	0	1
referral network	0	0	1	1
relapse prevention	2	3	8	13
resistant or court mandated clients	2	2	0	4
risk management	0	2	1	3
rural area resources	0	0	1	1
sensitivity to special populations	3	3	4	10
sexually transmitted diseases	0	0	1	1
signs and symptoms	1	0	0	1
spiritual dimensions of recovery	0	0	1	1
survival of program--grants and funding	1	0	0	1
treatment issues	1	7	5	13
treatment modalities	2	2	3	7
treatment planning	6	6	6	18
tuberculosis	0	1	0	1
twelve step	0	0	2	2
withdrawal management	1	0	0	1
women	0	1	0	1